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PTO/SB/50 (08-00)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 APPLICATION FOR REISSUE OF: (check applicable box) APPLICATION ELEMENTS (37 CFR 1.173) ACCOMPANYING APPLICATION PARTS 7. Statement of status/support for all changes to the claims. See 37 CFR 1.27. 3. Specification and Claims in a double column copy of patent format (amended, if appropriate) 4. Drawing(s) (proposed amendments, if appropriate) 5. Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.173)(PTO/SB/51 or 22)										
Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 Conginal Patent Issue Date Conginal Patent Issue Patent Conginal Patent Patent Conginal P				Attorney Docket No.	CFP-790-1					
Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 Configural Patent Issue Date O4/08/1999 Configural Patent Issue Date O4/08/1999 Express Mail Label No. EL T68331919195 Express Mail Label No. EL T683319195 ACCOMPANYING APPLICATION PARTS ACCO	Address to:			First Named Inventor	Han-Ching	Huang				
Washington, Dic 20231 Express Mail Label No. EL 78333191946 Tg 3.5 Tg 5.			issioner for Patents	Original Patent Number	5,890,856					
APPLICATION FOR REISSUE OF: (check applicable box) APPLICATION ELEMENTS (37 CFR 1.173) ACCOMPANYING APPLICATION PARTS 7. Statement of status/support for all changes to the claims. See 37 CFR 1.173(c). 8. Applicant claims small entity status. See 37 CFR 1.27. 9. Applicant claims small entity status. See 37 CFR 1.27. 9. Applicant claims small entity status. See 37 CFR 1.173(c). 9. Grignal U.S. Patent for surrender Ribboned Original Patent Grant format (amended, if appropriate)			nt Application		04/06/1999	04/06/1999				
APPLICATION FOR REISSUE OF: (check applicable box) APPLICATION ELEMENTS (37 CFR 1.173) ACCOMPANYING APPLICATION PARTS 7. Statement of status/support for all changes to the claims. See 37 CFR 1.27. 3. Specification and Claims in a double column copy of patent format (amended, if appropriate) 4. Drawing(s) (proposed amendments, if appropriate) 5. Reissue Oath / Declaration (original or copy) (37 CF.R. § 1.175)/PTO/SB/51 or 52) 6. Original U.S. Patent currently assigned? Written Consent of all Assignees (PTO/SB/53) (If Yes, check applicable box(es)) 3. T.C.F.R. § 3.73(b) Statement Power of (PTO/SB/66) Attorney 14. CORRESPONDENCE ADDRESS 15. Customer Number or Bar Code Label (insert Customer No. or Attach bar code label here) 16. Customer Number or Bar Code Label (insert Customer No. or Attach bar code label here) 17. Code S5402 18. Original U.S. Patent for surrender Status/support for all changes to the claims. See 37 CFR 1.173(c). 8. Original U.S. Patent for surrender Ribboned Original Patent Grant format (amended, if appropriate) Statement of Loss (PTO/SB/55) 9. Foreign Priority Claim (35 U.S.C. 119) (if applicable) (if applicable) (if applicable) 10. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 11. Finglish Translation of Reissue Oath/Declaration (if applicable) 12. Preliminary Amendment 13. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. CORRESPONDENCE ADDRESS 15. Customer Number or Bar Code Label (insert Customer No. or Attach bar code label here) or Correspondence address below Correspondence Correspon				Express Mail Label No.	EL 7833315	4046 7835758				
1.	APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent									
(Submit an original, and a duplicate for fee processing) 2.	APPL	ICATION ELEMENT	S (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS						
3. Specification and Claims in a double column copy of patent format (amended, if appropriate) 4. □ Drawing(s) (proposed amendments, if appropriate) 5. ☑ Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.715)(PTO/SB/31 or 52) 6. Original U.S. Patent currently assigned? □ Yes ☑ No □ Yes ☑ No □ Written Consent of all Assignees (PTO/SB/53) □ 37 C.F.R. § 3.73(b) Statement □ Power of (PTO/SB/96) □ Attorney 14. CORRESPONDENCE ADDRESS □ Customer Number or Bar Code Label □ Customer Number or Bar Code Suite 2000 333 South Seventh Street □ City Minneapolis □ State MN □ Zip Code 55402 □ Country USA □ Telephone (612) 340-8925 □ Fax (612) 340-7900	(Sul	omit an original, and a duplica	ate for fee processing)	37 CFR 1.173(c).	.,	nges to the claims. See				
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4. Drawing(s) (proposed amendments, if appropriate) 5. Reissue Cath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52) 6. Original U.S. Patent currently assigned? Yes No (If Yes, check applicable box(es)) Written Consent of all Assignees (PTO/SB/53) 37 C.F.R. § 3.73(b) Statement Power of (PTO/SB/96) Attorney 14. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Name Alan Kamrath RiDER BENNETT EGAN & ARUNDEL, LLP. Address Suite 2000 333 South Seventh Street City Minneapolis State MN Zip Code Country USA Telephone G12) 340-8925 Fax G12) 340-7900 Registration No. (Attorney/Agent) 28,227										
S. Reissue Cath / Declaration (original or copy) (37 C.F.R. § 1.175/PTO/SB/51 or 52) 6. Original U.S. Patent currently assigned? Yes No (If Yes, check applicable box(es)) Written Consent of all Assignees (PTO/SB/53) 37 C.F.R. § 3.73(b) Statement Power of (PTO/SB/96) Attorney 14. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below Riber Suite 2000 Name Alan Kamrath Riber Bennett Egan & ARUNDEL, LLP. Suite 2000 Suite 2000 Statement (IDS)/PTO-1449 Citations 11.	5. Reissue Oath / Declaration (original or copy)			9. Foreign Priority Claim (35 U.S.C. 119) (if applicable) 10. Information Disclosure Copies of IDS						
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Telephone (Print/Type) Alan Kamrath Name (Print/Type) Alan Kamrath Reject Customer No. or Attach bar code label here) 14. CORRESPONDENCE ADDRESS (Insert Customer No. or Attach bar code label here) or ○ Correspondence address below Correspondence address below 25. Correspondence address below 26. Correspondence address below 27. Correspondence address below 28. Corres		• , ,								
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RIDER BENNETT EGAN & ARUNDEL, LLP.	Custom	er Number or Bar Code Lak	bel (Insert Customer No.	or Attach bar code label here)	or 🔀 Corres	spondence address below				
Address Suite 2000	Name									
333 South Seventh Street State MN Zip Code 55402		Suite 2000								
Country USA Telephone (612) 340-8925 Fax (612) 340-7900 NAME (Print/Type) Alan Kamrath Registration No. (Attorney/Agent) 28,227					in Code 5540					
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Signature 1 / // A / A / A / Date 1 01/11/2001	Signatur		la Langa	Date		1/2001				

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Claims as Filed - Part 1											a	
Claims in			Number Filed in Reissue Application			(3)	Sma	Small Entity		Other than	a Small Entity	Ŋ
Patent For					Rate	Fee		Rate	Fee			
(A) 5 Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))		(B) 16		**** 0 =		X\$ <u>0</u> =	0	or	X\$		JC91	
			(D) 2		* 0	=	X\$ <u>0</u> =	0		X\$,
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		Claims Remaining After Amendment		Highest Number Previously Paid For		Extra Claims Present	Rate			Rate	Fee	_
Total Claims (37 CFR 1.16(j))		*** 16	MINUS	s ** 20		* =0	X\$ <u>0</u> =	o	or	X\$		
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* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancelation of claims **** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 27 CFR 1.27. Please charge Deposit Account No in the amount of A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-1188. A duplicate copy of this sheet is enclosed.												
⊠ A	check in th	ne amount of \$ <u>35</u>	55 to cove	r the filing / a		onal fee is	enclose	d.		٠		
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